



1FW 16518

Attorney Docket No.: UCIVN-014US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Serna, et al. )

Application No. 10/018,534 )

Filed: November 7, 2002 )

For: Continuous Cardiac Perfusion )  
Preservaiton with PEG-HB for )  
Improved Hypothermic Storage. )

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Art Unit: 1651

Examiner: Saucier, S.

**CERTIFICATE OF MAIL**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner of Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on January 3, 2006.

By:

  
Francine Sanders, Assistant

**Transmittal Letter**

Dear Sir:

- ☒ In accordance with Rule 136, the Commissioner is hereby petitioned for a **three (3)** month extension of time, extending to **January 3, 2006** the period for response to the Office action dated **June 3, 2005**. Check No. 3949 in the amount of \$510.00 for extension fees.
- ☐ Enclosed is a certified copy of Serial No. \_\_\_\_\_ from which priority is claimed in the subject case pursuant to 37 CFR § 1.55b and 35 U.S.C. § 119.
- ☐ Enclosed is an Assignment of the invention to [Assignee], including a cover sheet and Check No. [Assignment Check No.] for \$40.
- ☐ Enclosed is a Declaration of Inventorship and Limited Power of Attorney.
- ☒ Enclosed is a Substitute Specification.
- ☒ Enclosed herewith is an amendment/response for filing in relation to the above-identified application. Entry and consideration of this amendment/response is requested.

- ☐ Check No. \_\_\_\_\_ in the amount of \$00.00 is enclosed herewith. This check covers the required extension of time fee of \$0.00 and additional claim fees of \$0.00. These additional claim fees are calculated as follows:

For	(Col. 1) No. Filed	(Col. 2) No. extra	Small entity Rate	Fee	Or	Other than a Small entity Rate	Fee
Basic fee				\$150	Or		\$300
Examination fee				\$100	Or		\$200
Search Fee				\$250	Or		\$500
Total claims	12	- 30 =	0	x 25 \$ 0	Or	x 50	\$
Indep claims	1	- 1 =	0	x 100 \$ 0	Or	x 200	\$
_ Multiple dependent claims presented				+ 180 \$	Or	+ 360	\$
Total				\$0	Or	Total	\$

- ☒ The Commissioner is hereby authorized to charge any underpayment and credit any overpayment of the filing fees required under 37 CFR § 1.16 and any patent application processing fees required under 37 § CFR 1.17 to Deposit Account No. 50-0878.

Respectfully submitted,  
Stout, Uxa, Buyan & Mullins, LLP

Date: January 3, 2006



Robert D. Buyan, Reg. No. 32,460

4 Venture, Suite 300  
Irvine, CA 92618  
Telephone: (949) 450-1750; Facsimile: (949) 450-1764  
email: rbuyan@patlawyers.com